



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 24 2017

Ms. Wendy Peace,
Owner/Administrator
P.O. Box 536, 429 Union Street
Big Run, Pennsylvania 15715

RE: Peace's Personal Care Home
License #: 406550

Dear Ms. Peace:

As a result of the Department of Human Services' annual licensing inspection on September 1, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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DEC 19 2016

Page 2 of 5

Violation Report: 40655 - 09/01/2016 - Marini, Michael
PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 9-1-16, at 9:32 AM, multiple licensing inspection summaries, dated 9-24-15, 10-8-16, and 11-10-15, were posted on the bulletin board with the associated resident privacy coding documents included with them. The resident privacy coding documents included the names of residents #1, #2, #3, and #4.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

At time of inspection privacy coding documents were removed. Inspector informed me that they were not to be attached so they were removed and will no longer be posted with violation reports.

WJP

Immediately thereafter: A designated staff person shall inspect the home to insure all resident records and resident documents are kept in an area that is locked.

1/3/17

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy J. Deane*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy J. Deane* Date *12-19-16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/3/17 (Date)

Plan of correction implementation status as of 1/3/17 (Date)

The above plan of correction was approved by *W* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *✓*
- Partially Implemented - Inadequate Progress
- Not Implemented

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DEC 19 2016

Page 3 of 5

Violation Report: 40655 - 09/01/2016 - Marini, Michael
PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2800.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 9-1-16, the home served 16 residents requiring a minimum of 48 gallons of emergency drinking water. However, there were only 45 gallons of water on-site at the time of inspection. The home has a contractual agreement with a company to supply emergency drinking water, however, the contract does not include the amount of water that will be delivered, a guarantee that the water will be delivered immediately upon request, 24 hours a day, or a guarantee that the water will be delivered as a priority even in the event of a regional emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

I called Culligan Water on day of inspection and had an updated contract mailed out with more clear instructions on what we would need in case of an emergency and that they agreed to deliver. Attached is a copy of that agreement.

WJP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy J. Peace

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Wendy J. Peace

Date

12-19-16

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The above plan of correction is approved as of

1/3/17
(Date)

Plan of correction implementation status as of

1/3/17
(Date)

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The above plan of correction was approved by

WJP
(Initials)

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Page 4 of 5

Violation Report: 40655 - 09/01/2016 - Marini, Michael
PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident # 5 was admitted to the home on [redacted] 16; however, the medical evaluation for resident #5 is undated, so it is unable to be determined when it was completed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Top of the DME on Front page was not dated but where Dr. signed and back page was dated so therefore we know when it was done but from now on I will be sure to check that all spots are dated on DME's the day that they are done.

WJP

Immediately: A designated staff person shall review all resident records to ensure each resident has a medical evaluation completed in its entirety, to include the date the resident was evaluated.

1/3/17

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy J. Peace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 12-19-16
Wendy J. Peace

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Plan of correction implementation status as of 1/3/17 (Date)

The above plan of correction was approved by [Signature] (Initials)

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- Not Implemented

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Page 5 of 5

Violation Report: 40656 - 09/01/2016 - Marini, Michael
PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person A has not successfully completed the Department-approved medication administration course and pass the Department's competency test. Staff person A administered medications to residents, to include administering the following medications to resident # 6 on 8-2-16:

- *Ropinirole-0.5 mg at 8:00 PM
- *Verapamil-240 mg at 8:00 PM
- *Clozapine-100 mg at 8:00 PM
- *Clozapine-60 mg at 8:00 PM
- * Hydroxyz HCL-25 mg at 8:00 PM

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

11/3/17

Staff person A completed the Department-approved medication administration course on 9/1/16. I as administrator had taken the Medication Administration train-the-trainer course and had taught it for a few years. I was under the impression that since I taught it I didn't need the actual class but after being made aware of the need for the class I immediately got in touch with local trainer and she came that evening and gave me the test. Attached is copy of the trainers certificate and copy of my certification.

WJP

Immediately: A designated staff person shall review all staff records for staff who administered medications to ensure each staff person's training is current in accordance with the Department-approved medication administration course.

Repeat Violation: No	Date(s) of Previous Violation(s):		<i>11/3/17</i>
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Signature of Legal Entity Representative (Required on EVERY Page) *Wendy J. Peace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy J. Peace* Date *12-19-16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/3/17 (Date)

Plan of correction implementation status as of 11/3/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *✓*
- Partially Implemented - Inadequate Progress
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